

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010572  
State File No.

FILED MAR 23 1959

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3058 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. James 08100
d. FULL NAME OF HOSPITAL OR INSTITUTION 1131 Perry St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R. R. #2	

3. NAME OF DECEASED (Type or Print) John William Copland		4. DATE OF DEATH (Month) 3/ (Day) 19/ (Year) 59	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 1	8. DATE OF BIRTH Nov. 3, 1872
9. AGE (In years last birthday) 86	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Mary's County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Newton Copland	13b. MOTHER'S MAIDEN NAME Sally Barnes	14. NAME OF HUSBAND OR WIFE Mary Sewell Copland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Jaeger, St. Petersburg Fla

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH few days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (a) Congestive HT failure	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7/1959, to 3/19/1959, that I last saw the deceased alive on 3/17/1959, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE O. K. Thine M. O.	23b. ADDRESS 3002 N. Main - St. Louis, Mo.	23c. DATE SIGNED 3/19/59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 22, 1959	24c. NAME OF CEMETERY OR CREMATORY Sewell Cemetery
24d. LOCATION (City, town, or county) (State) Phelps County, Missouri		

DATE REC'D BY LOCAL REG. MAR 19 - 59	REGISTRAR'S SIGNATURE Maceela Wilson	25. FUNERAL DIRECTOR'S SIGNATURE Gahr Funeral Home, St. James, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*David C. Bane*.....

Licensed Embalmer No.....*5060*.....

P. O. Address.....*St. Charles*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.